



THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY
FEES FOR THIS
ACCOUNT NO.

IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 7157**
Hideyuki HASHI et al. : Attorney Docket No. 2004_0279A
Serial No. 10/803,878 : Group Art Unit 2627
Filed March 19, 2004 : Examiner William J. Klimowicz
HEAD SUPPORT DEVICE AND DISK
DRIVE USING THE SAME : **Mail Stop AMENDMENT**

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$470.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time \$120.00
Additional Claims Fee:
Excess of Twenty-Six \$350.00
Independent \$
Multiple Dependent Fee \$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Hideyuki HASHI et al.

By *Charles R. Watts*
Charles R. Watts
Registration No. 33,142
Attorney for Applicants

CRW/asd
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November 14, 2006

[Check No. 77261]
2004_0279A



THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 7157**
Hideyuki HASHI et al. : Attorney Docket No. 2004_0279A
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HEAD SUPPORT DEVICE AND DISK
DRIVE USING THE SAME : **Mail Stop AMENDMENT**

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 26 (not already paid for): 7 x	(\$ 25 = \$)	or	(\$50 = \$350)
Indep. Claims exceeding 3 (not already paid for): x	(\$100 = \$)	or	(\$200 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$)
Total Additional Fee =	\$	or	<u>\$350.00</u>

☐ Small entity status of this application has been previously asserted.

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
☐ is enclosed or

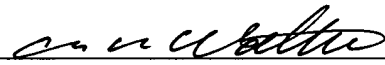
☐ has been previously submitted.

☒ A check in the amount of \$350.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$_____ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Hideyuki HASHI et al.

By 

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